



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name <i>Jaffe</i>		First Name <i>Celeste</i>		Middle Name <i>H.</i>	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address <i>6856 E. 46th St</i>				5. FAX (Optional) ()		6. E-mail Address (Optional) <i>celeste.jaffe@att.net</i>
7. City <i>Indpls</i>	State <i>IN</i>	ZIP Code <i>46226</i>	8. County <i>Marion</i>	9. Telephone (Day) <i>(317) 446-0741</i>	10. Telephone (Evening) ()	
11. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other			12. Office Sought (Include district number, if any. Not required for an exploratory committee.) <i>Lawrence City Council - At Large</i>			

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <i>Celeste Jaffe for Lawrence City Council</i>					
14. Mailing Address <input type="checkbox"/> Check if this is a new address <i>same as above</i>			15. FAX (Optional) ()		16. E-mail Address (Optional)
17. City ()	State ()	ZIP Code ()	18. County ()	19. Telephone ()	20. Committee Organization Date (MM-DD-YY)
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson					
22. Mailing Address <input type="checkbox"/> Check if this is a new address <i>same as above</i>			23. FAX (Optional) ()		24. E-mail Address (Optional)
25. City ()	State ()	ZIP Code ()	26. County ()	27. Telephone (Day) ()	28. Telephone (Evening) ()
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <i>none</i>					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)			31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <i>Celeste Jaffe</i>			Signature of the Committee Chairperson <i>Celeste Jaffe</i>		
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer					
34. Mailing Address <input type="checkbox"/> Check if this is a new address <i>same as above</i>			35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City ()	State ()	ZIP Code ()	38. County ()	39. Telephone (Day) ()	40. Telephone (Evening) ()

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment <i>Celeste Jaffe</i>
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson <i>Celeste Jaffe</i>	Signature of Chairperson <i>Celeste Jaffe</i>	Date (MM-DD-YY) <i>1-20-15</i>
43. Typed or Printed Name of Candidate <i>Celeste Jaffe</i>	Signature of Candidate <i>Celeste Jaffe</i>	Date (MM-DD-YY) <i>1-20-15</i>

Warning: State law requires that any change in this information be reported within 30 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

FILED

JAN 21 2015

Myla A. Eldridge